AccentCare® Fairview Lifeline
Subscriber Application

PERSONAL INFORMATION

PLEASE CHECK ALL THAT APPLY

Legal Name: _____
First Middle Initial Last

Last name sounds like: _____

Preferred Name: _____

Contact #: (_____) _____-_____ Landline? [ ] Y [ ] N Mobile? [ ] Y [ ] N

Contact #: (_____) _____-_____ Landline? [ ] Y [ ] N Mobile? [ ] Y [ ] N

Birth date: _____/_____/_____ Gender: [ ] Male [ ] Female
Month Day Year XXXX

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

County: _____ Spoken Language: _____

MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY

Do you have problems with any of the following?

[ ] Hearing [ ] Heart [ ] Diabetes [ ] Vision [ ] Mobility

Do you have OR require any of the following?

[ ] Pacemaker [ ] other heart implant device
[ ] Cane [ ] Walker [ ] Wheelchair
[ ] Oxygen [ ] TTY/TDD
[ ] Allergies: _____

[ ] Other physical limitations/diagnosis: _____

Preferred Hospital: _____ Contact #: (_____) _____-_____

BILLING INFORMATION

PLEASE CHECK ALL THAT APPLY

Who will be making payments for this subscription service?

Legal Name: _____
First Last

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Would you like your monthly payments deducted from your credit card or banking account?

[ ] No. Please note, AccentCare Fairview Lifeline will send you a monthly bill to the address listed above.

[ ] Yes. Please fill out the appropriate form **[ ] Credit Card [ ] Banking Account**

Are you receiving financial assistance from the State or County?

[ ] No [ ] Yes **MEMBER #** _____

PLEASE CHECK ALL THAT APPLY

[ ] Alternative Care Grant (ACG) [ ] Elderly Wavier [ ] CADI

[ ] Other: _____

Case Manager Name: _____ Contact #: (_____) _____-_____
First Last

Case Manager E-mail: _____

Are you on a Hospice Program? [ ] YES [ ] No

Hospice Program Name: _____ Contact #: (_____) _____-_____

INSTALLATION APPOINTMENT SCHEDULING CONTACT

Name: _____ Relationship: _____
First Last

Contact # 1: (_____) _____-_____ [ ] Home [ ] Work [ ] Cell

Contact # 2: (_____)_____-_____ [ ] Home [ ] Work [ ] Cell

Spoken Language: _____

RESPONDERS INFORMATION

Please list up to three Responders, in the order you would like them called. Please make sure they have agreed to serve as your responder, and that they have an access key to your home. We recommend that Responders be able to respond within 15 minutes. (We recommend three Responders, but this is not required for service.)

RESPONDER 1

Name: _____ Relationship: _____
First Last

Contact # 1: (_____) _____-_____ [ ] Home [ ] Work [ ] Cell

Contact # 2: (_____)_____-_____ [ ] Home [ ] Work [ ] Cell

Spoken Language: _____ Has key to your home? [ ] Yes [ ] No

RESPONDER 2

Name: _____ Relationship: _____
First Last

Contact # 1: (_____) _____-_____ [ ] Home [ ] Work [ ] Cell

Contact # 2: (_____)_____-_____ [ ] Home [ ] Work [ ] Cell

Spoken Language: _____ Has key to your home? [ ] Yes [ ] No

RESPONDER 3

Name: _____ Relationship: _____
First Last

Contact # 1: (_____) _____-_____ [ ] Home [ ] Work [ ] Cell

Contact # 2: (_____)_____-_____ [ ] Home [ ] Work [ ] Cell

Spoken Language: _____ Has key to your home? [ ] Yes [ ] No

NOTIFY

When a person is not needed to respond, but must be notified of an incident or hospitalization.

Name: _____ Relationship: _____
First Last

Contact # 1: (_____) _____-_____ [ ] Home [ ] Work [ ] Cell

Contact # 2: (_____)_____-_____ [ ] Home [ ] Work [ ] Cell

Spoken Language: _____ Has key to your home? [ ] Yes [ ] No

EQUIPMENT & SERVICES OPTIONS

PLEASE CHECK ALL THAT APPLY

[ ] Basic Home Unit

$39/month rental + $65 one-time activation fee

- For at-home use ONLY
- Landline phone required
- Help button with wristband & neck cord options

[ ] **Add AutoAlert | Fall Detection**

Additional $10/month | Neck cord option ONLY

[ ] Cellular Home Unit

$47/month rental + $65 one-time activation fee

- For at-home use ONLY
- No landline phone needed
- Uses area's AT&T cellular signal to send and receive signals
- Help button with wristband & neck cord options

[ ] **Add AutoAlert | Fall Detection**

Additional $10/month | Neck cord option ONLY

[ ] GoSafe2

$45/month rental + mobile button purchase price $99 + $65 one-time activation fee

- **THIS PRODUCT IS NOT RECEOMMENDED FOR INDIVIDUALS WITH IMPLANTABLE CARDIAC DEVICES (I.E. PACEMAKER, DEFIBRILLATOR)**
- For at-home & on-the-go use
- NO phone landline, cell phone or Wi-Fi required
- AutoAlert | Fall Detection included in mobile button
- ONLY mobile button charger needed | Charge every 1-2 days | No base unit included
- Neck cord option ONLY

[ ] Personal Medication Dispenser

$75/month rental + $85 one-time installation & activation fee

- Capacity for up to 60 doses of medication
- Uses verbal prompts to communicate when to take medication (with or without food), check blood sugar, and put in eye drops and more
- Can alert caregivers when medication is missed when connected to phone landline

[ ] Dose Flip Medication Dispenser

$60/month rental (includes up to 2 dispensers if needed) + $65 one-time installation & activation fee

- Capacity for 14 doses of medication | Extra tray for easy re-loading included if needed
- Uses a clear, friendly alarm notification to communicate when to take medication
- Can alert caregivers when medications are missed